

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

RECEIVED

MAY 04 2022

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: MAY 4, 2022 Case Number: 22-125

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Judith Kashman

Premise Name: Banfield Animal Clinic Hospital # 0147

Premise Address: 10030 N. 90th Street

City: Scottsdale State: AZ Zip Code: 85258

Telephone: (480) 661-6611

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: **Maja Rodriguez**

19. *Leucosia* *leucostoma* (Fabricius) *leucostoma* (Fabricius) *leucostoma* (Fabricius)

11. *Leucosia* *leucostoma* (Fabricius) *leucostoma* (Fabricius) *leucostoma* (Fabricius)

Home Telephone: Cell Telephone:

***STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.**

C. PATIENT INFORMATION (1):

Name: Louis Rodriguez

Breed/Species: Goldendoodle Canine

Age: 1 Sex: M Color: Blonde

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Judith Kashman: March 11, 2022 Initial Visit (480)661-6611

Dr. Stuart Sherell (Arrow Animal Hospital) 602-938-2707, date of examination
March 30, 2022

Dr. Kim Knowles, (Veterinary Neurological Center), 602-437-1488, date of
examination April 1, 2022

E. WITNESS INFORMATION:

*Please provide the name, address and phone number of each witness that has
direct knowledge regarding this case.*

Dr. Stuart Sherell (Arrow Animal Hospital) 602-938-2707, date of examination
March 30, 2022

Dr. Kim Knowles, (Veterinary Neurological Center), 602-437-1488, date of
examination April 1, 2022

Carlos Rodriguez, my spouse and co-owner of dog, [REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true
and accurate to the best of my knowledge. Further, I authorize the release of
any and all medical records or information necessary to complete the
investigation of this case.

Signature: Maya Rodriguez

Date: May 04, 2022

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I brought my dog to Dr. Kashman on 03-11-2022. My dog presented with lameness in leg and was behaving differently. Dr. Kashman diagnosed Louis with a cruciate ligament injury and referred us to an orthopedic specialist. She prescribed painkillers and sedating medication. Under the guidance of her direction, we believed in her diagnosis of a structural impairment in his leg. We called various hospitals but were not able to secure an appointment until 03-30-2022. At or around the time frame of 03-25-2022, Louis lost mobility in both legs. Dr. Kashman prescribed stronger painkillers for Louis, but did not ask us to bring him in for further examination. On 03/30/2022, we took Louis to see Dr. Sherrell for an examination and within minutes of a physical examination concluded that Louis did not have a physical impairment, but suspected Valley Fever. Dr. Kashman did not suggest or hint of this notion, nor suggest blood work to discover causes of his limp. Dr. Sherrell sent off a titer test but began treating Louis for suspected Valley Fever. On 04/01/2022, Dr. Knowles examined Louis and also concluded also that he had an aggressive and advanced case of Valley Fever. Louis did not have mobility in either legs and did not have sensation in his rear half of his body. Dr. Knowles was not confident that he would regain mobility. She began a treatment for Louis that required hospitalization for four days. She could not as aggressively treat Louis for the medication "Rimadyl" prescribed by Dr. Kashman.

Dr. Kashman failed her duty of care by misdiagnosing my dog at the state of his initial exam. Louis did not have a structural injury in his leg. The Valley Fever went into his lungs and spread to his spine. Lameness is a symptom of Valley Fever that is common for animals from dry, desert regions. Rather than suggesting to me that he is an active dog with a leg injury, she did not investigate accurately the cause of my complaint. Two doctors within minutes of examination immediately came to the same conclusion, and both determined immediately that he did not have a structural problem with his legs. We wasted precious time by waiting for an orthopedic appointment when Louis could have began treatment immediately. Further, she prescribed pain killers for Louis without examining him. Later, Dr. Knowles could not aggressively treat Louis due to his Rimadyl intake.

Louis walked into Dr. Kashman's clinic on 03/11/2022. I trusted her as a medical professional that my dog had an injury to his leg, which later was proven as false. If we capitalized on that time, his medical treatment would have not been as costly and complex. I have now spent thousands of dollars saving his life, when a simple blood test would have began this treatment immediately. We were pointed in the wrong direction and this delayed his much needed treatment. She failed to examine him thoroughly as he presented with a large mass on spine that she overlooked. Her medical negligence has cost us economical and emotional losses and she failed to provide our dog with a minimal level of standard care.

To: Arizona State Medical Examining Board
From: Dr. Judith Kashman
Regarding: Case: 22-125

Personal narrative account of treatment of canine "Louis" Rodriguez:

On 3/11/22 I was presented with a 1 year old juvenile dog named Louis for favoring back right leg for 1 day duration. O reported that pet had a play date with 2 other dogs the day prior to lameness onset. At presentation pet was bright, alert, responsive with normal energy and activity level. On examination pet seemed generally uncomfortable but did not have a distinct area of discomfort found on palpation. While pet was pulling on leads it was noted that his back right leg was sliding on tile, however when walking without pulling there was no specific lameness in either rear limb, and there were no specific areas of pain, swelling or inflammation identified on palpation of spine or either rear limb. At that time the pet did not have any clinical symptoms associated with a spinal injury/lesion (decreased conscious proprioception, spinal pain on palpation, knuckling in either rear limb, bilateral hindlimb weakness/lameness, etc). Radiographs of both rear limbs, pelvis and lumbar spine were performed and submitted for review by a board-certified radiologist at Idexx. In hospital review of radiographs by myself showed no obvious lesions, including no osteolytic lesions of the lumbar spine or hindlimbs that would be consistent with a systemic fungal infection. While awaiting the radiologist review Mr. Rodriguez was instructed to implement strict exercise restriction for pet and was prescribed Trazadone to assist in keeping pet's activity limited. The pet was also prescribed NSAID (Rimadyl) therapy for inflammation and pain control.

On 3/18/22 I called and spoke with Mrs. Rodriguez to go over the radiographic report findings. The final report indicated that there was some bilateral muscle atrophy (this was not appreciated on physical exam), but that lameness in right rear leg was likely secondary to a cruciate injury based on radiographic findings. The radiologist concurred that there were no osteolytic lesions observed in any of the radiographic views taken of limbs, pelvis or lumbar spine.

No Valley Fever test was performed at that time for the following reasons:

1. The pet had a history of heavy activity the day prior to lameness onset.
2. There were no osteolytic or other abnormal bone lesions consistent with fungal infection on spine, pelvis and extremity radiographs.
3. A board-certified radiologist review of the radiographs concluded that clinical symptoms were likely the result of a CCL injury.
4. The pet had no other systemic symptoms consistent with Valley Fever (coughing, seizures, lethargy, weight loss, draining skin lesions, etc) at the time I examined him.

Based on radiologist review I recommended a consultation with a board-certified orthopedic surgeon at Southwest Veterinary Surgical Services to further evaluate pet and consider potential surgical options for treatment. The medical records, including the radiology report, and a copy of the radiographs were forwarded to SVSS, and hard copies were made available to the client to take with them to their consultation. Instead of proceeding to schedule a consult with an orthopedic surgeon as I recommended

the client instead decided to wait 2 weeks for consultation to be done, did not follow my recommendation to see a board-certified surgeon, and instead took the pet to AZPetVet Arrow Animal Hospital to see Dr. Stuart Sherrell, who is not a board-certified surgeon and has no special orthopedic surgical certification. The client scheduled their appointment with Dr. Sherrell for pet to be seen on 3/30 – 20 days after his initial examination with me.

On 3/25/2022 The client called and spoke with veterinary assistant Michael Milosevic requesting a refill of pet's Rimadyl, Trazodone and if possible stronger pain medication for pet prior to their consultation with Dr. Sherrell on 3/30/22. At that time the client reported to the veterinary assistant that pet was now limping in both rear limbs (they did NOT indicate that the pet was unable to use his hind limbs, simply that he was limping). Based on medical records of this conversation the assistant advised the client that in some cases dogs with CCL injuries in one limb can also injure the other cruciate ligament, which is medically verifiably true, and he recommended that pet have both legs examined by the "orthopedic specialist" recommended by me. I was not at the clinic on the day of this communication and was not consulted regarding this communication with the client. The medical notes contain the complete conversation the veterinary assistant had with the client, however a separate written account from the veterinary assistant Michael Milosevic is not available as he is no longer an employee at Banfield Pet Hospital and when contacted did not remember this specific communication with the client.

When I was back at the clinical on 3/26/22 I approved for pet to have refill of his medication. The client was given a refill of both Trazodone and Rimadyl, the same medications prescribed at his initial visit, as well as a new prescription for Gabapentin since the owner felt the pet needed additional pain control prior to his next visit. Deana Kilgos, the CSC/receptionist who called the owner to advise that they could pick up pet's medications did at that time offer the client to come in for a follow up evaluation with me, however the owner declined to come in for further evaluation as they were already scheduled to see Dr. Sherrell in four days.

At that point forward the client did not at any time contact me or our clinic with an update in regards to the pets advancing clinical symptoms (hind limb paralysis, development of a spinal mass, coughing), to request a follow up appointment, or to inform myself or any other clinic staff that the pet's health was declining/worsening and that he required additional medical care. The client did not request any additional information/communication with any other veterinarians regarding the pet's medical care. Neither Dr. Stuart Sherrell or Dr. Kim Knowels contacted me or the hospital for any previous medical records or to update us on the status of the pet while under their care.

No further communication was initiated by Mrs. Rodriguez from 3/25/22 until 5/2/22 when she submitted a complaint via Banfield Pet Hospital's internal communication system. At that time the client requested that they be reimbursed for the cost of the services performed on 3/11/22 and to cancel the wellness plan that they were enrolled in with Banfield. My Chief of Staff Dr. Jill Bessemer and Practice Manager Tracy Tietge reviewed the complaint and Tracy called and left a message for Mrs. Rodriguez stating that the refund was approved and processed by our hospital as a courtesy to the client.

Judith Kashman

Judith Kashman, DVM

Witness Information:

Dr. Jill Bessemer, Area Chief of Staff for Banfield Pet Hospital (Shea and 90th location) [REDACTED]

Tracy Tietge, Practice Manager for Banfield Pet Hospital (Shea and 90th location) [REDACTED]

Michael Milosevic, Previous veterinary assistant for Banfield Pet Hospital (Shea and 90th location) [REDACTED]

Deana Kilgos, Client Service Coordinator (receptionist) for Banfield Pet Hospital (She and 90th location) [REDACTED]

Douglas A. Ducey
- Governor -



Victoria Whitmore
- Executive Director -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. Adams Street, Ste. 4600, Phoenix, Arizona 85007

Phone (602) 364-1-PET (1738) * FAX (602) 364-1039
vetboard.az.gov

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Steven Dow, DVM
Gregg Maura
Justin McCormick, DVM

STAFF PRESENT: Tracy Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 22-125

Complainant(s): Maja Rodriquez

Respondent(s): Judith Kashman, DVM (License: 4726)

SUMMARY:

Complaint Received at Board Office: 5/4/22

Committee Discussion: 10/4/22

Board IIR: 11/16/22

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On March 11, 2022, "Louis," a 1-year-old male Goldendoodle was presented to Respondent for rear leg lameness for one day. The dog was examined; no distinct area of discomfort was noted or specific lameness in either limb. Radiographs were performed – no obvious issues were identified and the radiographs were sent to be reviewed by a radiologist. The dog was discharged with Rimadyl and trazadone pending radiograph review.

On March 18, 2022, Respondent advised Complainant that the radiologist suspected the dog's lameness in the right rear leg was likely secondary to a cruciate injury. Respondent referred Complainant to a boarded orthopedic surgeon.

On March 30, 2022, the dog was presented to Arrow Animal Hospital for a second opinion for the cruciate injury. By this time, the dog's condition had progressed and was showing neurological deficits in both hind limbs. Radiographs and blood work were performed, including a Valley Fever test. Radiology review suspected a Valley Fever lesion on the spine

and evaluation by a neurologist was recommended.

On April 1, 2022, the dog was seen at Veterinary Neurology Center for evaluation. MRI showed spinal cord compression at L1 with spinal cord edema from T13 – L2. The dog was hospitalized for treatment and was discharged on April 5, 2022.

Complainant was noticed and appeared.

Respondent was noticed and appeared attorney T. Scott King.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Maja Rodriguez
- Respondent(s) narrative/medical record: Judith Kashman, DVM
- Consulting Veterinarian(s) narrative/medical records: Arrow Animal Hospital; and Veterinary Neurology Center.

PROPOSED 'FINDINGS of FACT':

1. On March 11, 2022, the dog was dropped off to Respondent for lameness and behaving differently. Complainant reported that the dog had a play date with two other dogs the day prior to the lameness onset. Upon exam, the dog had a weight = 23.8kg, a temperature = 100.1 degrees, a heart rate = 160bpm, and a respiration rate = 48rpm. The dog seemed generally uncomfortable but did not have a distinct area of discomfort found on palpation. The dog was ambulatory on all four limbs; when pulling on leads it was noted that his right rear leg was sliding on tile, however when walking without pulling there was no specific lameness in either rear limb. There were no specific areas of pain, swelling or inflammation identified on palpation of the spine or either rear limb. The dog had normal conscious proprioception on all four limbs.

2. Radiographs were performed on rear limbs, pelvis and lumbar spine and submitted for review by a board certified radiologist at IDEXX. Respondent reviewed the radiographs; no obvious lesions, including no osteophytic lesions of the lumbar spine or hind limbs that would be consistent with a systemic fungal infection. While waiting for the radiologist review Complainant's husband was instructed to implement strict exercise restriction for the dog. The dog was administered a canine lepto vaccine and a Home Again microchip was implanted. The dog was discharged with Trazadone and Rimadyl. Respondent recommended referral to a specialist as well.

3. On March 18, 2022, Respondent called Complainant to go over the radiographic report findings. The final report indicated there was some bilateral muscle atrophy, which was not appreciated on exam, but that the lameness in the right rear leg was likely secondary to a cruciate injury based on radiographic findings. The radiologist concurred that there were no osteolytic lesions observed in any of the radiographic views taken.

4. Respondent advised Complainant that given the lack of improvement with NSAID and restricted activity, she recommended consultation with an orthopedic specialist for

evaluation and possible TPLO surgery. Medical therapy and full exercise restriction for 8 – 10 weeks can allow for secondary healing but it is not recommended as the dog will develop severe arthritis in the joint. Respondent recommended consultation with Southwest Veterinary Surgical Services (SVSS) as soon as possible; she advised Complainant that she would get together a packet of information for referral, including paperwork for SVSS, referral form and medical records. Respondent further approved refills of Rimadyl and Trazadone until that the dog could be seen by a specialist. The medical records were faxed to SVSS.

5. On March 24, 2022, Complainant called Respondent to discuss surgery/restrictions for the dog. She reported that they have surgery scheduled with Arrow Animal Hospital for March 30th and requested copies of the dog's radiographs.

6. On March 25, 2022, Complainant called to speak with Respondent; Respondent was out of the office that day. Complainant relayed that the dog had started to be non-weight bearing on both hind limbs and wanted to know if this could be a progression of the cranial cruciate tear on the right limb. Additionally, a stronger pain medication was requested if possible or a refill of Rimadyl. Staff discussed that cruciate ligament ruptures can become bilateral due to the affected leg bearing the extra weight while the patient is favoring the injured leg; a veterinarian would need to evaluate the dog to determine if this was the case. Staff recommended calling the surgeon to ensure they were aware of the situation. Complainant stated they would come by to pick up the radiographs and medication refill. Staff left message for Respondent with Complainants communication.

7. On March 26, 2022, Respondent's staff spoke with Complainant advising that Respondent approved the refill of Rimadyl and the addition of gabapentin. Additionally Respondent recommended having the opposite leg evaluated at the surgery consult with the specialist. Respondent also offered to look at the leg but Complainant had an appointment with the surgeon and would have them evaluate at that time.

8. On March 29, 2022, Respondent's premises emailed the dog's radiographs to Arrow Animal Hospital.

9. On March 30, 2022, the dog was presented to Arrow Animal Hospital for a second opinion with respect to the cranial cruciate ligament tear on the right limb. By the time the dog was presented to Dr. Sherrell the dog had progressed to where it was affecting both legs. Additionally, Complainant noted that there was now an area on the spine that seemed enlarged. Dr. Sherrell evaluated the dog and noted neurological deficits on both hind limbs. He recommended radiographs and sending blood to the lab including a Valley Fever test. Radiographs were also sent for telemedicine review. Dr. Sherrell could not get drawer motion on the right knee that was diagnosed with a possible cruciate tear on the prior radiographs. He advised Complainant that he could not rule out a cranial cruciate ligament tear but the neurological issues and back swelling were the more pressing issues at that time.

10. Dr. Sherrell reported that there was a suspected Valley Fever lesion on the spine. He started the dog on antibiotics and fluconazole pending lab work. The Valley Fever titer was positive. A neurological evaluation was recommended.

11. On April 1, 2022, the dog was presented to Dr. Knowles at the Veterinary Neurological Center for evaluation. The dog was non-ambulatory in both rear limbs for one week prior to presentation. Dr. Knowles evaluated the dog; the dog was non-ambulatory in both rear limbs with no observable motor function. There was no deep pain to the tail or digits of the rear limbs. There was also a firm, approximately 2", swelling present in the muscles of the dorsal TL area. The dog was admitted to the hospital for diagnostics.

12. Radiographs revealed lytic and proliferative lesion involving L1 vertebrae. An MRI showed severe contrast enhancing extradural spinal cord compression at L1 with spinal cord edema from T13 – L2. Spinal cord compression was estimated to be 90%. Based on the dog's history, physical and neurological exam, MRI appeared to be a fungal osteomyelitis consistent with Valley Fever with extension through the vertebrae causing extradural compression at L1 was considered most likely.

13. The dog was hospitalized for 5 days for supportive care and treatment.

14. On April 5, 2022, the dog was discharged with instructions to continue exercise restriction for several weeks.

COMMITTEE DISCUSSION:

The Committee discussed that it is easy to look back and see that a diagnosis was missed; however, changes can happen quickly with Valley Fever. The initial exam and treatment thereafter was disappointing and less than adequate. The Committee did not feel it was a violation but more of a concern, which has happened before at those particular corporate premises.

Approximately 3 weeks later, radiographs were taken that showed the Valley Fever lesion. It is not known if the lesion was there at the time Respondent evaluated the dog therefore it cannot be said that Respondent missed the diagnosis.

The dog's history that was reported, a cruciate ligament rupture is possible. Additionally, a radiologist reviewed the radiographs and saw some effusion in the joint which confused the diagnosis. Respondent relied on a boarded radiologist's interpretation of the radiographs.

There was no lesion on the dog's back at the time of Respondent's exam and then progressed. It is not uncommon for an issue to not be identified on an initial exam. The Committee discussed that the dog's condition deteriorated as time went on and felt that communication could have been better.

Valley Fever can be difficult and some animals are resistant to treatment. Additionally, some Valley Fever cases can progress rapidly and some cases can take up to years to be identified. The Committee discussed that if the dog was diagnosed earlier, the outcome would have likely been the same. However, there were concerns with how Respondent was able to obtain drawer movement to identify a torn cruciate ligament with the dog awake and standing. The Committee felt Respondent should have rechecked the dog.

The Committee expressed concerns with Respondent's communication with Complainant as well as Banfield's policies surrounding communication.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division